

DEPARTMENT OF INSURANCE
Commonwealth of Kentucky
P.O. Box 517
Frankfort, Kentucky 40602-0517

(Required of Domestic Property & Casualty, Financial Guaranty, Mortgage Guaranty, or Accident & Health Insurer)

Company Name: _____

NAIC Code: _____

Supplement to Annual Statement for the Period _____

Reconciliation and Summary of Assets and Reserve Requirement under Subtitle 7 of KRS Chapter 304, Section 453. Calculation can be based on discounted (using IRS factors) or undiscounted loss and LAE reserves. For purposes of these calculations, the loss and LAE reserve shall be determined net of anticipated salvage and subrogation, and gross of any discount for the time value of money or tabular discount. Please check appropriate box.

☐ Discounted ☐ Undiscounted

| | | \$ Amount |
|---|-----------|-----------|
| Statutory Loss Reserves | | _____ |
| Statutory Loss Adjustment Expense Reserves | | _____ |
| Adjusted Unearned Premiums: | | |
| Unearned Premium Reserves | _____ | |
| Less Admitted Asset Amounts of: | | |
| a) Premiums and Agents' Balances in Course of Collection | (_____) | |
| b) Accident and Health Premiums Due and Unpaid | (_____) | |
| c) Uncollected Premiums for Accident and Health Premiums | (_____) | |
| d) Premiums, agents' balances, and installments booked but deferred and not yet due | (_____) | |
| d) Bills Receivable, taken for Premium | (_____) | |
| Adjusted Unearned Premium Reserve | | _____ |
| Statutorily Required A&H Policy and Contract Reserves | | _____ |
| Total Reserve Requirement | | ===== |
| Qualifying Investments | | |
| a) Cash and Cash Equivalents | _____ | |
| b) Statement Value of Bonds with SVO ratings 1, 2 or 3 (including those admitted through Basket Clause) | _____ | |
| c) Statement Value of Preferred Stock with SVO ratings 1, 2 or 3 (including those admitted through Basket Clause) | _____ | |
| d) Common Stock traded on a Qualified Exchange (including those admitted through Basket Clause) | _____ | |
| e) Admitted amount of Interest and Dividends Receivable on Bonds, Preferred and Common Stock | _____ | |
| f) Admitted amount of Reinsurance Recoverable on Paid Losses | _____ | |
| Total Qualifying Investments | | ===== |
| Excess/(Deficiency) of Qualifying Investments over Reserve Requirement | | ===== |

Note: If a deficiency exists, the insurer is required to submit an explanation for why the deficiency exists, and a plan of action to remedy the deficiency. The plan should be forwarded within thirty (30) days of this filing.